DOCUMENT RESUME

ED 425 244 UD 032 656

TITLE	Responding to Crisis at a School. A Resource Aid Packet.
INSTITUTION	California Univ., Los Angeles. Center for Mental Health Schools.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	1998-00-00
NOTE	58p.
PUB TYPE	Collected Works - General (020) -- Guides - Non-Classroom (055)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Crisis Intervention; *Educational Planning; Elementary Schools; Elementary Secondary Education; Program Implementation; Resource Materials; *Responses; Staff Development; Training; *Urban Schools
IDENTIFIERS	Crisis Management

ABSTRACT

Schools are increasingly confronted with crisis events. This resource aid packet provides materials to facilitate planning and implementation of a school-based crisis response and related staff training. The packet is divided into four sections. The first offers a brief overview that can be shared with school staff to raise awareness about the need to plan and implement a response to school-based crises. The second section provides a set of guides and handouts for use in crisis planning and as aids for training staff to respond effectively. These include: (1) "Some Key Considerations in Establishing a System for School-Based Crisis Response"; (2) "Major Facets of Crisis Response"; and (3) "Responding to Crises: A Few General Principles." The third section contains materials to guide the organization and initial training of a school-based crisis team. The final section contains materials for use in ongoing training and as information handouts for staff and, in some cases, students and parents. Topics include community and gang violence, suicide, and family violence. (Author/SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 425 244

*From the Center's Clearinghouse ...**

A Resource Aid Packet On

Responding to Crisis at a School

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Perry Nelson
UCLA- CMHS

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

* The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

U.S. Department of Health & Human Services
Public Health Service
HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health

UD032656

UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS*

Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

MISSION: *To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.*

Through collaboration, the center will

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

Consultation Cadre ***Clearinghouse***

Newsletter ***National & Regional Meetings***

Electronic Networking

Guidebooks ***Policy Analyses***

Co-directors: Howard Adelman and Linda Taylor
Address: UCLA, Dept. of Psychology, 405 Hilgard Ave., Los Angeles, CA 90095-1563.
Phone: (310) 825-3634 FAX: (310) 206-8716 E-mail: smhp@ucla.edu
Website: http://smhp.psych.ucla.edu/

*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

(1/98)

Preface

Those of you working so hard to address barriers to student learning and promote healthy development need ready access to resource materials. The Center's Clearinghouse supplements, compiles, and disseminates resources on topics fundamental to enabling students to learn. Among the various ways we package resources are our *Resource Aid Packets.*

Resource Aid Packets are designed to complement our series of Introductory Packets. These resource aids are a form of *tool kit* related to a fairly circumscribed area of practice. The packets contain materials to guide and assist with staff training and student/family interventions. They include overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice.

This Resource Aid on *Responding to Crisis at a School* is divided into four sections:

> The first offers a brief overview that can be shared with school staff to raise awareness about the need to plan and implement a response to school-based crises.
>
> Section II provides a set of guides and handouts for use in crisis planning and as aids for training staff to respond effectively.
>
> The third section contains materials to guide the organization and initial training of a school-based crisis team.
>
> Section IV includes materials for use in ongoing training and as information handouts for staff and in some cases for students and parents.

(You will find some overlap in content because much of the material for use in planning and implementing the crisis response can also play a role in training.)

RESPONDING TO A CRISIS AT A SCHOOL

Schools increasingly are confronted with crisis events. Every school needs a crisis response capability. This resource aid is designed to provide tools to facilitate planning and implementation of a school-based crisis response and related staff training.

Section I

School-Based Crisis Intervention: Overview

In this section, you will find a brief, basic discussion of the need for a school to be able to plan and implement a response to crises. The material can be used to raise staff awareness of need and as shared reading prior to initiating staff training.

The following topics are explored:

- Who Should Be Responsible?
- Planning for Crisis
- A School-Based Crisis Team
- Crisis Aftermath Subteams
- Maintaining Crisis Response Capability and School Awareness

Section II

Some Materials to Guide Crisis Response

In this section, you will find

(1) **Some Key Considerations in Establishing a System for School-Based Crisis Response**

Outlines nine points answering some basic concerns that arise during discussions of planning school-based crisis response.

(2) **Major Facets of Crises Response**

A handout outlining facets of response during the emergency, in the immediate aftermath, in the days and weeks following, and for prevention.

(3) **Responding to Crises: A Few General Principles**

A handout highlighting five basic guidelines.

Section III

Organizing and Training a School-Based Crisis Team

In this section, you will find some material on

(1) **Building a School-Based Crisis Team**

Organizational steps are outlined. Also includes
an example of a Meeting Invitation
an outline of the meeting's topic: *Focus on Planning*
an example of a worksheet for the session

(2) **Crisis Team Training**

Highlights the need for both general and specialized training over time.

(3) **Two Initial Training Sessions**

Highlights the focus of the initial training by outlining the two session topics
Focus on Action
Focus on Prevention

Section IV

Addressing Specific Areas of Concern

In this section, you will find information on

(1) **Community and Gang Violence**

Presents a brief overview on anticipating violence, dealing with it when it occurs, intervening in its aftermath, violence prevention, and creating safe campuses.

(2) **Suicidal Crisis**

- A handout presenting some do's and don'ts related to students who appear suicidal and when a suicide is in progress.
- A Suicidal Assessment -- Checklist (with an accompanying checklist of steps to follow when a student is thought to be a suicidal risk).

(3) **Family Violence**

A handout emphasizing child abuse and neglect as a major form of family violence and a personal crisis. Briefly highlights how child abuse and neglect are defined and lists common symptoms.

David Schonfeld, Marsha Kline, and their colleagues at Yale University note:

> Schools are no longer the "islands of safety" that they once were believed to represent, as street crime, random violence, and large-scale accidents pervade schools in all parts of the country and affect children of all ages on a regular basis . . . . In a survey conducted in 1978 in two public high schools in Kansas City, Kansas nearly 90% of the students reported having experienced the death of a grandparent, aunt, uncle, sibling, or someone else they cared about, 40% of the students reported the death of a close friend of their, own age, and approximately 20% had witnessed a death. In a 1990 survey involving urban high school students, half the students reported that they knew someone who had been murdered, 37% had witnessed a shooting, and 31 %, a stabbing (Pastore *et al.*, 1991). In another survey of students attending 10 inner-city high schools, rates of direct gun-related victimization were alarming high; 20% of the students reported having been threatened with a gun and 12% had been the target of a shooting (Sheley *et al.*, 1992). The exposure to community violence and violent deaths is not restricted to adolescent and adults .... In a (1992) study conducted in an. urban pediatric continuity clinic in Boston, 7% of the children had witnessed a shooting or stabbing before the age of 6 years . . . . As schools face an escalating number of crises, the probability that any child or group of children will experience violence or sudden death of a friend and/or loved one is increasing.
>
> These events often require a response from the school in order to address the children's developmental needs during times of crisis and uncertainty. These crisis periods can disrupt learning, at a minimum, and also have the potential to retard children's emotional and psychological adjustment to the event and impair their subsequent development.
>
> Despite the overwhelming need for a crisis prevention and response plan, many schools remain unprepared. . . . School systems, therefore, need to develop and institute a coordinated and systematic response plan before another crisis occurs. School systems, however, may be reluctant to consider the potential for crises to occur and may deny the need for crisis intervention services . . . . This organizational denial of the need for crisis intervention services may also be reflected in an organizational push to resolve a crisis prematurely -- "to get things back to normal as soon as possible." . . . . Schools increasingly need an effective crisis prevention and response plan in order to avert disasters where possible and to ameliorate their impact on children when the disasters cannot be avoided . . . .

From an article entitled "School-based Crisis Intervention: An Organizational Model" in the journal *Crisis Intervention* (Vol. 1, pp. 155-166).

Section I

School-Based Crisis Intervention: Overview

In this section, you will find a brief, basic discussion of the need for a school to be able to plan and implement a response to crises. The material can be used to raise staff awareness of need and as shared reading prior to initiating staff training.

The following topics are explored:

Who Should Be Responsible?

Planning for Crisis

A School-Based Crisis Team

Crisis Aftermath Subteams

Maintaining Crisis Response Capability and School Awareness

Who Should Be Responsible?

Given the complexity of crisis events and reactions, planning and implementing school-based crisis intervention require special expertise (e.g., how to deal with natural disasters as contrasted to dealing with gang violence or suicide, how to plan for crowd management, rumor control, aftermath counseling, prevention). Thus, individuals and subgroups with diverse expertise need to be involved, and all who are involved usually need additional specialized inservice training.

Whatever happens at the school level is shaped by district policy and procedural guidelines. In most instances, the district's administration will have provided the school with detailed guidelines for handling major disasters during the emergency itself and in the immediate aftermath (see example in Section II). Such guidelines also should clarify available district support resources (e.g., district crisis teams, medical and counseling services).

It is rarer for districts to have addressed, in the same detail, policies and procedures for what to do in the days and weeks that follow the event and what to do to improve future responses or to prevent future occurrences where feasible.

Regardless of what guidelines the district provides, it falls to the school to develop a specific operational plan and to identify and prepare personnel to carry it out. This might all be done by a school's administration. That is, they might assume the task of planning and then identifying and assigning specific duties to staff (e.g., school nurse, specific teachers, psychologist). However, as noted above, the diversity of expertise required suggests a broad-based approach to planning and implementation. Thus, schools probably will find the concept of a school-based crisis team useful.

Planning for Crises

Every school needs a plan for school-based crisis intervention. It is important to anticipate the specifics of what may happen and how to react. Once the need for a plan is recognized, it underscores the need to identify *who* will be responsible for planning responses to crisis events.

Once identified, planners of school-based crisis intervention can work out criteria, procedures, and logistics regarding such general matters as

- who will assume what roles and functions in responding to a crisis
- what types of events the school defines as a crisis warranting a school-based response
- what defines a particular event as a crisis
- how will different facets of crisis response be handled (who, what, where)
- how to assess and triage medical and psychological trauma
- how to identify students and staff in need of aftermath intervention
- what types of responses will be made with respect to students, staff, parents, district, community, media
- what special provisions will be implemented to address language and cultural considerations
- which school personnel will make the responses
- how district and community resources will be used
- which personnel will review the adequacy of each response and make appropriate revisions in crises response plans
- what inservice staff development and training are needed.
- how will everyone be informed about emergency and crisis procedures

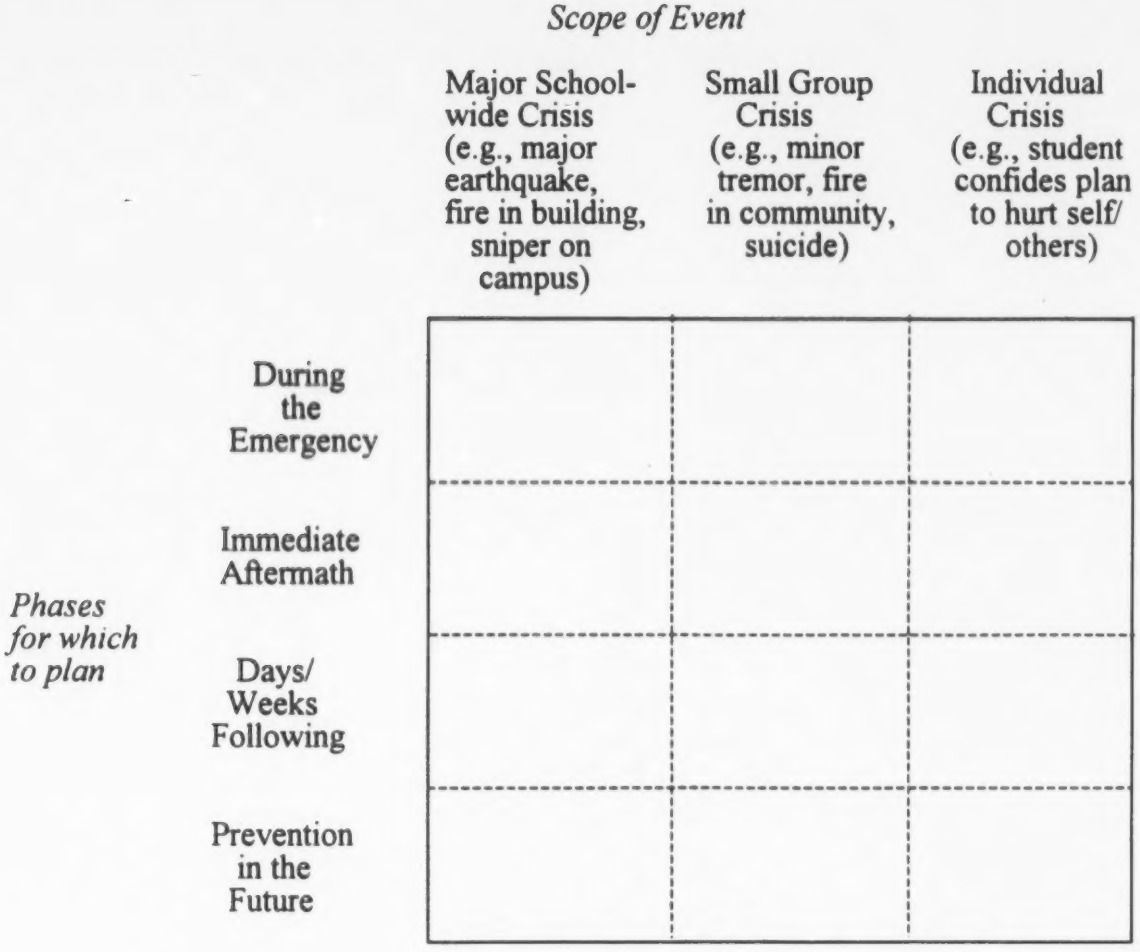

Scope of Event
Major School-wide Crisis (e.g., major earthquake, fire in building, sniper on campus)
Small Group Crisis (e.g., minor tremor, fire in community, suicide)
Individual Crisis (e.g., student confides plan to hurt self/ others)
Phases for which to plan
During the Emergency
Immediate Aftermath
Days/ Weeks Following
Prevention in the Future

Figure 1. Scope of Crisis Events and Intervention Phases

Several points should be highlighted related to Figure 1. Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes how many staff members are needed during the various phases of the crisis.

Also, difficulties that must be dealt with during the crisis itself raise many problems that are quite distinct from those arising in the immediate aftermath and in the days and weeks following the event (e.g., hysteria and fear as contrasted with grief reactions and post traumatic stress).

The following steps are guidelines for establishing, training, and maintaining crisis planning and intervention team(s). The outline in Section III offers greater detail regarding these steps.

1. The school's decision makers can identify and empower two staff members who are interested in (motivated to) improve the school's crisis response capability.

2. These two persons can then proceed to recruit a *core* of about 4-8 others, either by role or because of their special affinity for crisis intervention. This core will do the planning. (In large schools, the core team probably will want additional affiliated team members who can be mobilized when a response is necessary.)

3. Initial training of the team should focus on general crisis intervention policies and practices and on ways to keep the team functioning. It may be necessary to bring in district personnel (or even outside trainers) to provide some of the initial training.

4. After initial training, the team needs to meet regularly (e.g., every few weeks) to formulate and write up specific plans.

5. Plans in hand, a series of inservice meetings for school staff are indicated to increase their awareness of the importance of crisis intervention and the procedures they should follow.

6. After a crisis event, the team should have a special debriefing session to analyze how well procedures were followed and to discuss possible improvements -- including additional training needs and future preventive actions where feasible.

CRISIS TEAM ACTIVITY: AN EXAMPLE

During the Emergency and in Immediate Aftermath

I. MAJOR SCHOOL-WIDE CRISIS
(e.g., major earthquake, fire in building, sniper on campus)

A. Administration directs and coordinates emergency procedures.
(e.g., emergency procedures such as evacuation, lock-down, contact with hospitals/police, contacts and interfaces with parents in need of direction)

B. Crisis Team members without specific emergency assignments or students-in-hand converge at designated place.

C. Crisis Team sets in motion procedures to
1. gather and disperse accurate information to students, staff, parents, media (special focus on rumor control, support, and debriefing);
2. assess immediate needs for psychological first-aid;
3. ensure sufficient psychological first-aid is in place
(e.g., establishes and maintains a special drop-in counseling resource for those affected; supplements resources by calling for district level help);
4. direct students, staff, and parents in need to psychological first-aid resources (announces a central contact place, conducts outreach);
5. keep administration informed.

II. SMALL GROUP CRISIS
(e.g., a situation such as a classmate's death where most students are unaffected; the focus is on providing for *specific* classes, groups, and individuals who are upset)

A. Any member of the Crisis Team who thinks there is a crisis situation can contact another member to decide whether a Team meeting should be called.

B. If they agree, these two members should send a notice convening the meeting at the earliest, feasible time at a designated place.

C. Preset procedures can be followed to cover classes for teachers on the team and to send students back to class who may be having individual appointments with team members.

D. Crisis Team meets to assess who needs psychological support and counseling

E. Crisis Team sets in motion procedures to
1. gather and disperse accurate information to affected students, staff, parents, (special focus on rumor control, support, and debriefing);
2. ensure sufficient support and counseling are in place
(e.g., establishes and maintains a special drop-in counseling resource for those affected; supplements resources by calling for district level help);
3. direct students, staff, and parents in need to appropriate resources (announces a central contact place, conducts outreach)
4. coordinate resources and ensure they are maintained as long as needed (who, where)
5. keep administration informed.

(cont.)

Crisis Aftermath Subteams

Although all crisis team members are involved in responding to emergencies, special expertise may be required in handling problems that arise in the days and weeks following an event. Thus, it may be worth establishing subteams or designating specific individuals to develop special expertise around the different types of aftermath problems. An aftermath subteam, then, is composed of one or more individuals who are prepared to focus on specific problems (e.g., suicide; violence and gang activity; earthquake, fire, and other natural disasters; rape).

Each subteam draws on the talents of such people as the nurse, school psychologist, counselors, peer counseling coordinators, dropout coordinators, administrators, and any others who have interest and talent related to such problems. To ensure that each subteam and the total team meet regularly for training and other preparedness activity, subteam leaders and a crisis aftermath team coordinator are needed.

It is important to keep in mind that the problems in dealing with the crisis itself are quite distinct from those arising immediately after the circumstances of the event itself are handled. At least, four different types of aftermath problems can be distinguished:

- Disaster reactions
- Grief reactions
- Fear of Violence reactions
- Suicide prevention

Subteams can prepare, implement, and monitor procedures for dealing with the psychosocial *aftermath* of crisis events that are likely to spread to a significant segment of students. Of particular concern are procedures for rumor control, dealing with contagion effects, and providing support for any students who have strong psychological reactions.

(Some persons on the aftermath team also will be on teams designed to deal with the prevention and actual occurrence of crisis events; nevertheless, it is important to distinguish the problems of dealing with the crisis itself from those that arise in the immediate aftermath.)

A Few References

Bloom, B.L. (1984). Crisis intervention. In B.L. Bloom, *Community mental health.* Monterey, CA: Brooks/Cole.

Burke, J.D., Jr., Borus, J.F., Burnes, B., Millstein, K.H., & Beasley, M.D. (1982). Changes in children's behavior after a natural disaster. *American Journal of Psychiatry, 139,* 1010-1014.

Eth, S., & Pynoos, R. (Eds.). (1985). *Post-traumatic stress disorder in children.* Washington, DC: American Psychiatric Press.

Frederick, C. (1985). Children traumatized by catastrophic situations. In J. Laube & S.A. Murphy (Eds.), *Perspectives on disaster recovery.* Norwalk, CN: Appleton-Century-Crofts.

Galante, R., & Foa, D. (1986). An epidemiological study of psychic trauma and treatment effectiveness for children after a natural disaster. *Journal of the American Academy of Child Psychiatry, 25,* 357-363.

Gilliland, B.E. & James, R.K. (1993). *Crisis intervention strategies* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Hudson, J. (1989). Principals should devise an action plan before tragedy strikes. *Nation's Schools Report, 15,* 1-4.

Jay, B. (1989). Managing a crisis in the school -- Tips for principals. *NASSP Bulletin,* 15-18.

Kelly, D.G., Stimeling, W.F., & Kachur, D.S. (1989). Before worst comes to worst, have your crisis plan ready. *The Executive Educator,* 22-23.

Poland, S. & Pitcher, G. (1990). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology--II.* Washington, DC: National Association of School Psychologists.

Pynoos, R.S., & Nader, K. (1988). Psychological first aid and treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress, 1,* 445-473.

Schonfeld, D.J., Kline, M., & Members of the Crisis Intervention Committee (1994). School-based crisis intervention: An organizational model. *Crisis Intervention, 1,* 155-166.

Section II

Some Materials to Guide Crisis Response

In this section, you will find

(1) **Some Key Considerations in Establishing a System for School-Based Crisis Response**

Outlines nine points answering some basic concerns that arise during discussions of planning school-based crisis response.

(2) **Major Facets of Crises Response**

A handout outlining facets of response during the emergency, in the immediate aftermath, in the days and weeks following, and for prevention.

(3) **Responding to Crises: A Few General Principles**

A handout highlighting five basic guidelines.

(4) **Crisis Response Checklist**

This is a checklist of major things to be done related to immediate response and follow up activity. Also included here is an example of a checklist developed by one large school district.

(5) **Dealing with the Media**

A handout on major points to keep in mind when media asks about a crisis.

(6) **Sample Letter to Send Home**

A model for informing the family.

(7) **Informing the Students and Staff**

Provides a few guidelines and an example of how to announce crisis-related info.

(8) **Facilitating Class Discussion**

A quick handout for staff to provide them with a few basic guidelines.

(9) **A Few Indicators of Reactions to Trauma**

A handout for staff to raise their awareness.

(10) **A Crisis Screening Interview**

(11) **Psychological First Aid: Responding to a Student in Crisis**

Outlines mental health-oriented points about managing the situation, mobilizing support, and following-up.

(12) **District Policy Considerations**

Outlines forms of system support.

(13) **Aftermath Classroom Activities**

Handouts for pre-school and kindergarten, elementary, and junior and senior high.

Some Key Considerations in Establishing a System for School-Based Crisis Response

The following nine points provide answers to some basic concerns that arise during discussions of school-based crisis response.

(1) Scope of events

All schools require a clear set of emergency procedures for dealing with major, school-wide crises (e.g., earthquake, fire, snipers) when they occur and in the immediate aftermath.

Decisions have to be made about whether the scope of crisis response will include specified procedures for any of the following:

- crises that affect smaller segments of the student body
- crises experienced by individual students (e.g., drug overdose, suicide attempt)
- community events that produce strong reactions among students at school (e.g., earthquakes that occur during nonschool hours, a neighborhood shooting of a gang member who is student)
- planning responses (e.g., psychological support) for helping (treating/referring) traumatized students (staff?) in the days and weeks following an event
- preventive procedures

(2) Crisis criteria

When should an event be seen as requiring a crisis response?

With the exception of most major, school wide crises, crises tend to be in the eye of the beholder. Thus, some school personnel are quite liberal and others are quite conservative in labeling events as crises.

After deciding on the scope of events to be treated as crisis, the dilemma of the planners and ultimately of the decision makers is that of establishing a set of checks and balances to ensure potential crises are not ignored *and* that there is not an overreaction to events that should not be treated as crises. Given the inevitability of differences regarding how an event is perceived, efforts to formulate crisis criteria probably should focus on delineating an expedient *process* for deciding rather than the more difficult task of detailing what is and isn't a crisis.

For example, one school developed a process whereby each member of its crisis team was encouraged to take the initiative of contacting another team member whenever s/he felt an event might warrant a crisis response. If the contacted team member agreed that the event should be seen as a crisis, the rest of the crisis team were contacted immediately for a quick meeting and vote. If the majority concurred, the event was defined as a crisis and appropriate crisis responses were implemented.

Scope of Crisis Events and Intervention Phases

Phases for which to plan	*Scope of Event*: Major School-wide Crisis (e.g., major earthquake, fire in building, sniper on campus)	Small Group Crisis (e.g., minor tremor, fire in community, suicide)	Individual Crisis (e.g., student confides plan to hurt self/ others)
During the Emergency			
Immediate Aftermath			
Days/ Weeks Following			
Prevention in the Future			

MAJOR FACETS OF CRISES RESPONSE

During the emergency

- communication (e.g., sounding the alarm if necessary; clarifying additional steps and providing information about the event, location of first aid stations if needed, etc.; rumor control; dealing with the media; keeping track of students and staff; responding to parents; interfacing with rest of the district and community)
- direction and coordination (e.g., running an emergency operations center; monitoring problems; problem solving)
- health and safety (e.g., mitigating hazards to protect students and staff; providing them with medical and psychological first aid; providing for search and rescue, security, evacuation)

Immediate aftermath

- communication (e.g., clarifying causes and impact and debunking rumors; providing information about available resources for medical and psychological help)
- direction and coordination (e.g., determining need to maintain emergency operations center; continuing to monitor problems and problem solve)
- health and safety (e.g., continuing with activities initiated during the event)

Days/weeks following

- communication (e.g., providing closure to students, staff, parents, district, community)
- direction and coordination (e.g., continuing to monitor problems and problem solve)
- health and safety (e.g., providing for those in need of longer-term treatment either through provision of direct services or referral; case management)

Prevention

- communication (e.g., holding debriefing meetings to clarify deficiencies in response to the crisis)
- direction and coordination (e.g., using debriefing analyses to plan ways to prevent, if feasible, similar events from occurring, to minimize the impact of unavoidable events, to improve crisis response procedures, to enhance resources)
- health and safety (e.g., providing education for students, staff, parents)

Crisis Response Checklist

In the midst of a crisis, it is hard to remember all the specific steps and preparatory plans that have been discussed. Each site and each person responsible for crisis response needs to have a checklist that provides a ready and visible reference guide for use during a crisis. Such a checklist is also an important training tool. The following is an outline of what such a checklist might cover.

I. Immediate Response

Check to be certain that

____ appropriate "alarms' have been sounded

____ all persons with a crisis role are mobilized and informed as to who is coordinating the response and where the coordination/emergency operation center and medical and psychological first aid centers are located

This may include coordinators for

____ overall crisis response
____ first aid (medical, psychological)
____ media
____ communications
____ crowd management
____ transportation

____ phone trees are activated

____ team leader and others clarify whether additional resources should be called in (from the District or community -- such as additional medical and psychological assistance, police, fire)

____ all assignments are being carried out (including provisions for classroom coverage for crisis response team members and for any instances of a staff death)

____ corrective steps are being taken when the response is inadequate

____ all communication needs are addressed by implementing planned means for information sharing and rumor control (e.g. Public Address announcements, circulation of written statements, presentations to staff/students/ parents in classes or in special assemblies);

This includes communications with

____ staff
____ students
____ crisis team
____ media
____ home
____ district offices and other schools
____ community
____ fire, police

____ plans for locating individuals are implemented (e.g., message center, sign-in and sign-out lists for staff and students)

____ specific intervention and referral activity are implemented (e.g., triage, first-aid, search, rescue, security, evacuation, counseling, distribution of information about resources and referral processes -- including teentalk and suicide prevention lines and interviews to assess need for individual counseling)

____ support and time out breaks for crisis workers are implemented

____ informal debriefings of crisis workers are done to assess how things are going and what will be required in the way of follow-up activity.

Example of One District's *Crisis Checklist*

I. ASSESSMENT

___A. Identify problem and determine degree of impact on school.

___B. Take steps to secure the safety and security of the site as needed.
(see Emergency Disasters Procedures Manual, Sept. 1994)

___C. Make incident report to district administrator.

___D. Determine if additional support is needed.
- ___1. Call school police and/or city police
- ___2. Call Cluster Crisis Team
- ___3. Call other district crisis personnel

___E. Alter daily/weekly schedule as needed.

II. INTERVENTION: COMMUNICATION

___A. Set up a Command Center

___B. Establish Sign-In Procedures at ALL campus entry sites*

___C. Administrator/designee/crisis manager should:
- ___1. Review facts/determine what information should be shared
- ___2. Consider police investigation parameters
- ___3. Notify family with sensitivity and dispatch. (Consider a personal contact with family.)

___D. Develop and disseminate bilingual FACT SHEET (written bulletin)
- ___1. Faculty
- ___2. Students
- ___3. Parents/Community

___E. Begin media interactions.
- ___1. Identify a media spokesperson (Office of Communications may be utilized)
- ___2. Designate a location for media representatives.*

___F. Contact neighboring schools

___G. Contact schools of affected students siblings.

___H. Other communication activities
- ___1. Classroom presentations/discussions
- ___2. Parent/community meetings
- ___3. School staff meeting

___I. Provide for RUMOR CONTROL
- ___1. Keep a TV set or radio tuned to a news station
- ___2. Verify ALL facts heard
- ___3. Update Fact Sheet as needed
- ___4. Utilize student leaders:
  - a) As sources knowledgeable of rumors among students
  - b) As peer leaders to convey factual information
  - c) As runners (written bulletins should be sealed when necessary)

DEALING WITH THE MEDIA

Media reports can make responding to crises more difficult. Thus, it is essential to have a media coordinator/liaison and to meet with media in a designated area. (Usually, the media should not be given access to students without parent consent.) Everyone should keep the following in mind when dealing with the media.

Prepare

Write down what you want to communicate. In doing so,

- state appropriate concern for victims and their families
- provide appropriate factual information (e.g., students involved, ages), including information about the steps taken to deal with the crisis (as well as any preventive measures previously taken); at the same time, safeguard privacy and confidentiality and details that police should handle related to criminal acts and suicide
- ask media to communicate resources for assistance available at the school and in the community.

You will find it useful to have prepared and kept on file the outline of a formal news release so that you can simply fill in the details prior to meeting with the media.

Give Straightforward Information

No matter what you are told, assume that everything you say will be quoted (and perhaps misquoted). Thus, respond to questions by reiterating points from your prepared statement. However, when you don't have information on a matter, simply state this in a straightforward manner. Keep a positive demeanor.

Avoid Common Mistakes

- Don't restate any question you are asked (especially negatively phrased questions) because through editing and selective quoting it can be made to appear part of your statement.
- Don't interpret events or motives or predict what will happen.
- Don't speculate, ad lib, blame anyone, or try to bc deceptive.
- Don't let anyone bate you into an argument because you arc almost certain to look like you are defensive (perhaps trying to hide something), and you probably will say something in a way that reflects badly on you and the school.

Correct the Record

As you become aware of errors in media coverage, take the opportunity of future media inquiries to include corrective information in you statement.

Sample Letter to Send Home

November 20, 1996

Dear Family Members:

We regret to inform about an unfortunate event affecting our school. Yesterday, (brief factual statement about event). An investigation is underway, and until it is complete we will not have all the details about this tragedy.

The school's crisis team has begun meeting with students and staff. We anticipate some may need continuing support for a while to help them deal with the emotional upset that such an event produces. In this regard, enclosed are some materials that you may find helpful in talking about the matter at home.

If you have any questions or concerns you think we can help address, please feel free to call the school (number) and ask for any of the following staff: _____.

The following community agencies also are ready to help anyone who is feeling overwhelmed by their emotions.

(local) Community Mental Health Center (phone)
Family Services (phone)
etc.

We know that events such as this are stressful. We are taking every step we can to be responsive to the needs of our students and their families.

Sincerely,

Principal

Informing the Students and Staff

Many administrators prefer not to make a P.A. announcement when there has been a crisis event that affects the school. There is no hard and fast rule here. In part, it depends on the situation (such as how much there is a need for immediate communication), and in part it depends on the ability of the administrator to use the P.A. in an effective manner.

Thus, the most common means of communication is a note to teachers and school staff members. Such communications should be made as quickly as feasible and should be done in a clear and open manner (providing all known information). In turn, teachers and staff are directed to inform students, doing so with concern and caring so as to calm and clarify. If feasible, students should be informed in small-group settings where questions can be answered, rumors clarified, and concerns addressed.

The following is a sample of a statement used to provide staff and students with relevant information about the death of a student.

> We regret to inform you of the death of (name). S/he died on (date) as a result of
>
> At times such as these, it is important for everyone to be informed and to have some time to express thoughts and feelings. Part of first period will be used for such sharing.
>
> In addition, we encourage anyone who is very upset to come to room ( ) where staff members will be available throughout today to help. Staff members will also be available upon request over the next two days should anyone want further assistance. Such assistance can be obtained by (explain process).
>
> As soon as the information is available, we will circulate a notice about funeral arrangements and provisions for attending if the funeral is during school hours.

Facilitating Class Discussion

In general, informing and discussing a traumatic event with students is best done in small-groups where questions can be answered, rumors clarified, and concerns addressed. Some students may choose not to enter into discussion, and some may even express a desire to be excused. Don't force the situation; honor the student's wishes.

Students often start off by saying such things as

I feel terrible.

S/he was my friend.

Why did it have to happen?

I'm really mad that it happened.

We knew he was upset; we should have done something.

Things like this don't make sense.

It could happen to me.

It's just one of those things.

I can't believe it.

If it weren't for (name of someone), it wouldn't have happened.

You can often help keep students more fully express their thoughts and feelings by paraphrasing what they have just said. Try not to make intrusive comments. At the same time, move the discussion away from any attempts to glamorize or romanticize the event.

After they have been able to express themselves, you need to let them know that what they are thinking and feeling is very natural under the circumstances and that, for some of them, it may take a while before such thoughts and feelings are worked through.

Be sure to tell them that who is available to students if they or a friend are very upset. Watch for any student who appears very upset and follow predetermined procedures for connecting that student with someone who is ready to provide psychological first aid.

A Few Indicators of Reactions to Trauma

No one should be overzealous in seeing normal variations in student's development and behavior as problems. At the same time, school professionals don't want to ignore indicators of significant problems. The following are meant only to sensitize responsible professionals. They should not be seen as a check list.

If a student is of significant concern, a request should be made to an appropriate person on the school staff who can do some further screening/assessment.

If they occur frequently and in a variety of situations and appear rather serious when you compare the behavior with other students the same age, the following behaviors may be symptomatic of significant problems.

Emotional appearance

(Emotions seem excessive. Displays little affect. Very rapid shifts in emotional state.)

- very unhappy, sad, teary, depressed, indicates a sense of worthlessness, hopelessness, helplessness
- excessive anger or self-blame (especially if it is expressed as threats to harm self or others
- very afraid, fearful
- can't seem to control emotions
- doesn't seem to have feelings

Personal Actions

(Acts in ways that are troublesome or troubling)

- frequent outbursts, violent
- cruel to others
- sleep problems and/or nightmares
- wetting/soiling at school
- agitated and easily distracted
- destroys things
- accident prone
- excessive/uncontrolled talking
- often doesn't seem to hear
- hurts self, self-abusive
- truancy, school avoidance
- trouble learning and performing
- eating problems
- ritualistic behavior
- isolates self from others
- unaccounted for weight loss
- substance abuse
- runs away

A Crisis Screening Interview

Interviewer_____ Date_____

Note identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current class _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

In answering, please provide as much details as you can. At times, I will ask you to tell me a bit more about your thoughts and feelings.

1. Where were you when the event occurred?
   (Directly at the site? nearby? out of the area?)

2. What did you see or hear about what happened?

3. How are you feeling now?

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Yes No
Who?

15. Is this a matter of getting even or seeking revenge? Yes No
Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what happened?
Yes No Who? How soon?

Is this something we should talk about now? Yes No What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today?
If you are uncertain, let's talk about what you should do?

Psychological First Aid: Responding to a Student In Crisis

Pynoos and Nader (1988)* discuss psychological first aid for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). Their work helps all of us think about some general points about responding to a student who is emotionally upset.

Psychological first aid for students/staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

(1) Managing the situation

A student who is upset can produce a form of *emotional contagion*.

To counter this, staff must

- present a calm, reassuring demeanor,
- clarify for classmates and others that the student is upset
- if possible indicate why the student is upset (correct rumors and distorted information)
- state what can and will be done to help the student.

*Pynoos & Nader (1988), Psychological first aid and treatment approach to children exposed to community violence. *Journal of Traumatic Stress, 1*, 445-473.

(cont.)

DISTRICT POLICY CONSIDERATIONS

Check to see if the district has made a policy statement about crisis intervention or any specific form of crisis related event, such as a natural disaster, an act of violence in the schools, or the death of a student or staff member. Such statements should help clarify how the district defines a crisis, how it has designed its overall response to crises, and what type of responses it expects at each school. The statement also may suggest specific organization and strategies for crisis response. It also may indicate the district's position on seeking help from individuals and agencies not affiliated with the district (other than public sector emergency services).

The following is a brief indication of the type of specific guidelines you may find in district policy statements.

From a district's perspective, crises usually are events that have the potential to

- cause a major disruption in normal functioning
- produce major physical and/or psychological harm to those at the school (e.g., students, staff, parents).

The definition may be limited to events that affect the entire population at a school, or it may be extended to events that affect subgroups or even an individual (e.g., in the case of a potential suicide). Regardless of the breadth of definition, the first concern of policy makers is for ensuring physical safety; hopefully, this is followed immediately by attention to psychological considerations.

Ideally, district policy specifies guidelines for district and school-by-school planning, organizing, and training for crises, and debriefing after a crisis (with a view to improving future crises responses and preventive actions). In particular, guidelines can help answer such questions as

- How do we decide that a situation should bc treated as a crisis?
- How do we decide what responses arc needed to deal with the crisis?
- How do we ensure that planned responses are implemented?
- How do we enlist additional help?

Districts will differ in the specificity with which they spell out procedures for a school to follow during a crisis. Optimally, the district not only will detail such procedures, but also will provide for district level support. District level support is useful in establishing and maintaining crisis response mechanisms and in training and consulting with on-site staff, as well as providing for supplemental staffing to respond to specified crises. In large districts, such support may be organized regionally (e.g., regional support crisis teams consisting of representatives of medical and psychological/ counseling support services, district administration, media relations).

In some districts, a school-based crisis intervention team is delineated as the prototype mechanism to provide for the physical safety and psychological needs of students, staff, and parents in responding to a crisis. Such a team also might be assigned responsibility for on-site planning for crises response, or else some of the members might participate on a crisis planning team. Because situations vary, district policy probably will not specify team membership or size other than to cite the need for participation by role (e.g., administrator, nurse, psychologist, counselor, teachers). Obviously, ultimate responsibility for the team belongs to the principal; however, the principal probably will be expected to delegate such responsibility -- perhaps to the team as a whole.

Aftermath Classroom Activities

In addition to discussion, teachers can help students deal with their reactions to a crisis through a variety of classroom activities.

The work done on this by the Los Angeles Unified School District has been found useful by schools around the country. For example, Genesee County in Michigan has included the following adaptation in their crisis handbook.

Classroom activities enable students to express and discuss feelings about crises. The following are simply examples to stimulate teachers' planning.

ELEMENTARY SCHOOL ACTIVITIES

Play Reenactment

For younger children, using toys that encourage play reenactment of their experience and observations during the traumatic event can help integrate the traumatic experience. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

Puppets

Play with puppets can be effective in reducing inhibitions and encouraging children to talk about their feelings and thoughts. Children often will respond more freely to a puppet asking about what happened than to an adult asking the questions directly. Help or encourage students to develop skits or puppet shows about what happened in the event. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Art and Discussion Groups

Do a group mural on butcher paper with topics such as "What happened in your neighborhood (school name or home) when the traumatic event occurred?" This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help students feel less isolated with their fears and provide the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note (such as a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis:), in addition to providing the opportunity to talk about their feelings about what took place.

Share Your Own Experience

Stimulate group discussion about disaster experiences by sharing your own feelings, fears or experiences. It is important to legitimize feelings to help students feel less isolated.

Disaster Plans

Have the children brainstorm their own classroom or family disaster plan. What would they do if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family?

Reading

Read aloud, or have the children read, stories or books that talk about children or families dealing with stressful situations, pulling together during times of hardship, and similar themes.

(cont.)

JUNIOR HIGH AND HIGH SCHOOL

Activities

Classroom activities that relate the traumatic event to course study can be a good way to help students integrate their experiences and observations, while providing specific learning experiences. In implementing the following suggestions, or ideas of your own, it is important to allow time for the students to discuss feelings stimulated by the projects or issues being covered.

Home Room Class

Group discussion of their experiences of the event is particularly Important among adolescents. They need the opportunity to express feelings, as well as to normalize the extreme emotions they may have experienced. A good way to stimulate such a discussion is for the teacher to share his or her own reactions to the event. The students may need considerable reassurance that even extreme emotions and crazy thoughts are normal in a traumatic event. It is important to end such discussions on a positive note, such as talking about what heroic acts were observed.

Break the class into small groups and have them develop a disaster plan for their home, school or community. This can help students regain a sense of mastery and security, as well as having practical merit. The small groups can then share their plans in a discussion with the entire class.

Conduct a class discussion and/or support a class project on how the students might help the community recovery effort. It's important to help them develop concrete and realistic ways they might be of assistance. Community involvement can help overcome feelings of helplessness and frustration, and deal with survivors guilt and other common reactions in disaster situations.

Have a home safety or preparedness quiz. What would you do under certain circumstances (such as finding a hurt child, being without water or electricity, or having an earthquake hit the area). Talk about what is necessary to survive in the wilderness. How does this knowledge apply to a community following a disaster? Encourage students who have had first aid training to demonstrate basic techniques to the class.

Science

Conduct projects on stress, physiological response to stress, and how to deal with it.

Creative Writing

Ask the students to write about an intense moment they remember very clearly not a day or an hour, but a short period of time lasting no more than three minutes. Make up a funny disaster. Write a story about a person who is in a disaster and give it a happy ending.

(cont.)

Section III

Organizing and Training a School-Based Crisis Team

In this section, you will find some material on

(1) **Building a School-Based Crisis Team**

Organizational steps are outlined. Also includes
- an example of a Meeting Invitation
- an outline of the meeting's topic: *Focus on Planning*
- an example of a worksheet for the session

(2) **Crisis Team Training**

Highlights the need for both general and specialized training over time.

(3) **Two Initial Training Sessions**

Highlights the focus of the initial training by outlining the two session topics
- *Focus on Action*
- *Focus on Prevention*

Building a School-Based Crisis Team

The process of organizing a school-based crisis team begins with the site's leadership. Once there is agreement on the value of establishing such a team, someone must be designated the responsibility of building the team. That person begins by identifying those who have formal roles they must play during a crisis, those with specific skills that are needed, and any others who may be especially motivated to be part of such a team.

The next step is to set a meeting time and invite the potential members.

To increase the likelihood that the meeting is focused and productive, it helps to do some presession structuring. This includes

- asking others to play a role during the meeting (e.g., meeting facilitator, time keeper, note taker -- see accompanying sample form)
- providing them with copies of the site's existing crisis response plans and some general material to read on the subject of school-based crisis response (such as the overview presented in Section I of this resource aid).

During the meeting, it helps to use worksheets that focus the discussion on key topics and decisions about tasks assignments and timelines.

The meeting, of course, will review the site's existing crisis response plans and discuss a variety of related matters.

By the end of the meeting, agreements should have been made about team membership, roles, and decide on initial training dates and who will conduct the training.

Session Topic:

FOCUS ON PLANNING

What are our roles and functions as team members?

(1) Meeting facilitator reviews the key team roles and functions

(2) Decide who will take each role. (Fill in Worksheet -- see accompanying example).

If there are enough people, designate a back up for each position. Discuss *chain of command.* Who will be in charge, who will be next, if these two are not available or busy who would be third. Enter all necessary contact information (e.g., home numbers, beepers).

(3) Discuss the last crisis at the school.

If one doesn't come to mind, use the possibility of a car accident outside school involving a student and observed by most students and parents. Each team member should assume her/his role in talking through the specifics of what to do. Treat this as brainstorming with no discussion until the exercise is finished. Then take five minutes to highlight the good ideas and additional suggestions for action.

(4) Plan on a way each team member will inform others at the school about the crisis team membership and roles. For examples who will talk to faculty, parent center coordinator, office staff, TA's, Playground staff, support staff?

(5) Prepare for the next meeting which will *FOCUS ON ACTION*

Date for next meeting
Meeting facilitator
Meeting time keeper
Meeting scribe

Someone should volunteer to copy and distribute the preparation material for the next meeting.

Crisis Team Training

The team as a whole should receive general training with respect to crisis intervention and team building. In addition, each subteam or designated "specialist" needs specialized training.

> The team leader should bring all members together once a month so that each can learn from the experiences and training of the others. The minutes of this meeting can be reproduced as a monthly report to the school, and this report can act as a reminder of the importance of dealing with the aftermath of crises, of who should be contacted at such times, and as an indication of the team's impact.

Besides mastering the school's crisis response plan and emergency steps, *general* training involves learning

- how to minimize student contagion in the aftermath of such a problem
- how to reassure the majority of students about the problem
- how to identify and provide psychological first aid to students who have especially strong reactions (including assisting with someone in acute shock or trauma)
- counseling skills appropriate to the event (including active listening skills, small-group techniques for both students and adults, conflict resolution, critical incident stress debriefing, support group facilitation)

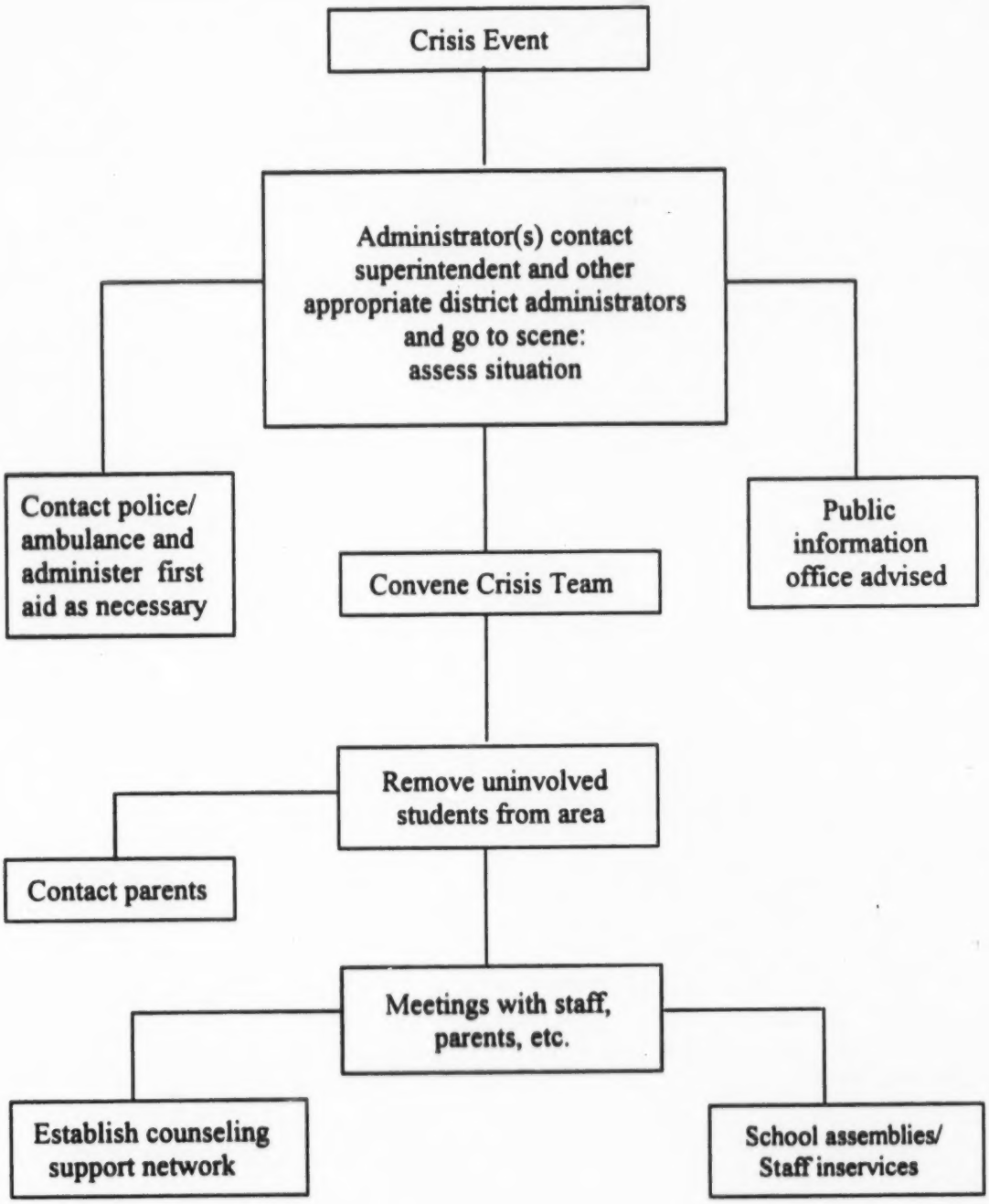
Each subteam should receive *specialized* training with respect to the specific type of crisis with which the subteam is concerned (e.g., fire, earthquake, suicidal youth). Specialized training involves learning

- the types of reactions students, staff, and parents are likely to have to a particular type of crisis;
- how to respond to specific types of reactions.

Note: A special training opportunity for interested team members is to participate in a disaster drill held by local hospitals, police, fire departments, offices of emergency services, etc.

Crisis Intervention Flow Chart

Personal/Life Threatening Event


Crisis Event
Administrator(s) contact superintendent and other appropriate district administrators and go to scene: assess situation
Contact police/ ambulance and administer first aid as necessary
Convene Crisis Team
Public information office advised
Remove uninvolved students from area
Contact parents
Meetings with staff, parents, etc.
Establish counseling support network
School assemblies/ Staff inservices

Starting to Map Community Resources

What resources are available in the community to assist during and after a crisis? List all the community resources you know about. (Consult any resource books and look in the local phone book.)

Divide up the list and contact each to get updated information about services.*

Resource/Agency	Contact Name	Phone Number

*Add the page of Community Resources to the site's Crisis Handbook.

Section IV

Addressing Specific Areas of Concern

In this section, you will find

(1) **Community and Gang Violence**

Presents a brief overview on anticipating violence, dealing with it when it occurs, intervening in its aftermath, violence prevention, and creating safe campuses.

(2) **Suicidal Crisis**

- A handout presenting some do's and don'ts related to students who appear suicidal and when a suicide is in progress.
- A Suicidal Assessment -- Checklist (with am accompanying checklist of steps to follow when a student is thought to be a suicidal risk).

(3) **Family Violence**

A handout emphasizing child abuse and neglect as a major form of family violence and a personal crisis. Briefly highlights how child abuse and neglect are defined and lists common symptoms.

(4) **Sexual Assault**

A handout describing sexual assault as encompassing sexual abuse, rape, incest, and exposure. Indicators of this form of crisis are highlighted and the need for crisis response is underscored.

(5) **Grief and Loss**

- A handout outlining stages of grieving, ways to help student deal with loss, and ways to help bereaved students return to school.
- A related series of handouts from Genesee County Mental Health
  - >*Finding Hope Beyond Grief*
  - >*Helping to Survive Loss*
  - >*Grief: Sharing the Burden*
  - >*Helping Kids to Cope with Grief*
  - >*Families Facing Loss*
  - >*Helping Children Recover From Loss*

(6) **Hostage Situations**

A handout on things to do in immediate response to this type of crisis and how to assist the police in resolving the situation.

(7) **Post Traumatic Stress Disorder**

A handout highlighting that school-age children who experience trauma directly or indirectly may experience major post traumatic symptoms and require psychological first-aid and treatment.

(8) **Information on Resources**

Highlights the type of resources that should be included as references in a crisis response plan.

COMMUNITY AND GANG VIOLENCE*

Increasing concern about violence on campus has led to multifaceted intervention activity:

(1) to anticipate violence

(2) to deal with violence when it occurs and with its aftermath

(3) to prevent violence and create safe campuses

Anticipating Violence

In some instances, violence is anticipated. Schools need to have planned and rehearsed their response to such events. Take, for example, a situation where there is potential conflict between two gangs on campus. Obviously, steps should be taken to warn off perpetrators. In addition, there is a need to

- put appropriate school staff on alert
- enlist and enable those who can play a special role (e.g., cover the classes of teachers who can relate positively with gang members; recruit students who may be able to play a constructive role; solicit help from others in community who have a special relationship with gang members)
- increase the visibility of authority (e.g., staff, police)
- begin an open interchange with gang leaders and mediate between the factions
- move unresponsive student elements from the campus to another locale
- implement rumor control processes
- immediately take steps to remedy all justified grievances
- keep working with conflicting parties until a workable agreement is achieved.

Dealing with Violence and its Aftermath

Should violence occur, the first steps to be implemented are emergency mobilization and crisis response procedures (e.g., activation of security procedures). For example, a coded emergency P.A. announcement often is used to

- alert teachers to lock their doors and ask students to stay put during the emergency
- alert classified staff to assume assigned stations (e.g., at outside doors allowing only authorized persons in and helping with other specific responses)
- seek aid from community agencies.

*Also available from the Center is an Introductory Packet on *Violence Prevention and Safe Schools.*

A few guidelines to highlight related to responding to crises that involve criminal acts on school grounds (including knife and gun wounds) include:

- taking care of the victim (if someone can do so, apply first-aid; do not remove a knife -- it may be preventing excessive bleeding; try to keep the individual from making the wound worse)
- quickly alerting administrators who will call 911 for appropriate assistance
- isolate the area
- being certain staff are responding to other students in ways that minimizes rumors and unrest
- preparing for the media
- informing parents/guardians -- in doing so, try to be calm. State "Your child has been hurt (not shot) and we would like for you to meet your child at the hospital (not the school)." Because you will not usually know how bad the wound is, tell them you are unsure of the extent of injury. If it is unclear where the student will be taken, tell the parent you will call back in a few minutes with the information. Keep the conversation brief. Focus on minimizing panic and avoiding stirring up a situation where someone might come running to seek revenge.

Whether a result of violence or other causes, should a death occur, the school should consider making provisions to

(1) announce
- the occurrence
- facts about any special circumstances surrounding the death with a view to countering rumors
- times and places for the funeral and related services
- times and places for grief groups and counseling

(2) provide concerned classroom teachers with guidelines for
- sharing the experience with their classes
- teaching about death and bereavement

(3) send representatives to
- visit the family at home
- the funeral and related services

(4) work with students who want to
- express their sense of loss to each other and to the family
- arrange a tribute or memorial
- help the family if they are financially unable to pay death-related costs

Preventing Violence

Curriculum approaches to violence prevention provide a framework for schools to adapt for their specific needs. One such curriculum and an accompanying 1 hour training video have been developed by Dr. Deborah Prothrow-Stith. The focus is on teaching students the risks of physical violence and positive methods for dealing with anger. There are 10 lessons

SUICIDAL CRISIS

Students may make a statement about suicide (in writing assignments, drawing or indirect verbal expression). Another may make an actual attempt. And, some do end their lives.

Suicidal Thoughts -- What to do

Assess the situation and reduce the crisis state (see accompanying Suicidal Assessment Checklist).

The following are some specific do and don'ts if you are worried that the act is imminent.

Some do's:

- Send someone for help.
- Remain calm; remember the student is overwhelmed and confused as well as ambivalent.
- Get vital statistics, including the student's name, address, home phone number and parent's work number.
- Encourage the student to talk. Listen! Listen! Listen! And when you respond, reflect back what you hear the student saying. Clarify, and help him or her to define the problem, if you can.

  Consider that the student is planning suicide. How does the student plan to do it, and how long has s/he been planning and thinking about it? What events motivated the student to take this step?

- Clarify some options (e.g., school and/or community people who can help, e.g., a school mental health professional, a community mental health clinic or a hospital.
- If feasible, get an agreement to no-suicide ("No matter what happens, I will not kill myself." If the student refuses or the promise is vague, contact the principal or the school district.)

Some don'ts:

- Don't leave the student alone and don't send the student away
- Don't minimize the student's concerns or make light of the threat
- Don't worry about silences; both you and the student need time to think
- Don't fall into the trap of thinking that all the student needs is reassurance
- Don't lose patience
- Don't promise confidentiality -- promise help and privacy
- Don't argue whether suicide is right or wrong

SUICIDAL ASSESSMENT – CHECKLIST*

Student's Name:_____ Date:_____ Interviewer: _____

(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

Does the individual have frequent suicidal thoughts?	*Y N*
Have there been suicide attempts by the student or significant others in his or her life?	*Y N*
Does the student have a detailed, feasible plan?	*Y N*
Has s/he made special arrangements as giving away prized possessions?	*Y N*
Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife?	*Y N*

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress?	*Y N*
Have there been major changes in recent behavior along with negative feelings and thoughts?	*Y N*

(Such changes often are related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts often are expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.)

(3) PSYCHOSOCIAL SUPPORT

Is there a lack of a significant other to help the student survive?	*Y N*
Does the student feel alienated?	*Y N*

(4) HISTORY OF RISK-TAKING BEHAVIOR

Does the student take life-threatening risks or display poor impulse control?	*Y N*

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and information about a critical, recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

BEST COPY AVAILABLE

FAMILY VIOLENCE

Family violence takes many forms and includes child abuse and neglect.

Family Violence

Any intentional mistreatment of one family member by another constitutes family violence. It may include neglect, sexual abuse, and verbal and psychological abuse. It may range from mild to lethal.

Child Abuse and Neglect

Legally, most school professionals are mandated to report child abuse, but because family violence is so widespread, it is often not seen as crisis. Yet, when family violence occurs, it can be experienced as a major trauma by a child.

Abuse occurs when a child's caretaker through willful neglect or intention causes the child to be injured or places the child in danger.

Abuse includes

- causing internal and external physical injury (watch for students who, more often than their classmates, have large bruises, serious lacerations, burns, fractures)
- causing neonatal addiction to drugs
- deprivations that cause failure to thrive (growth and developmental delays)
- sexual abuse.

Causing serious emotional trauma also constitutes abuse.

Chronic problems or abrupt changes in behavior may be indicators of child abuse. Watch for children who, more often than their classmates, are

- restless
- negativisti, unresponsive, and anti-social
- dejected and self-deprecatory
- fearful/withdrawn
- compulsive
- apathetic
- apt to provoke others to attack

Any form of family violence may be experienced as a major trauma by a child. Sometimes such children act out what they have observed -- physically and sexually abusing others.

SEXUAL ASSAULT

Sexual assault includes not only rape or incest, but also any forced physical contact with genitals and even being forced to look at the genitals, undress or expose oneself. Incest is sexual assault and abuse by a family member (sibling, parent, step-parent, grandparent, uncle, aunt or other relative).

Force includes not only physical force, but use of bribes, trickery, or emotional pressure to engage someone in sexual contact or inappropriate touching. Examples of bribes are offering money, special privilege and treats.

A Few Myths Regarding Sexual Assault

Myth: Few children are sexually assaulted.

Fact: Recent findings suggest that at least one out of eight boys and one of four girls will be sexually assaulted by the age of eighteen. A rape is reported in the U.S.A. approximately once every six minutes.

Myth: Victims provoke their sexual abuse.

Fact: No one has a right to hurt another. The attitude that victims are partly responsible makes them feel at fault and makes others treat sexual assault as a lesser crime.

Myth: Discussing sexual assault is bad for children.

Fact: Inaccurate or false information is bad for anyone. Informing children about sexual abuse can be seen as basic safety information and a facet of prevention.

GRIEF AND LOSS

Students experience a variety of losses -- some of which are so significant as to lead to grief reactions. Students manifesting major grief reactions are experiencing a personal crisis.

Stages of Grieving

Grieving disrupts a students normal functioning. But it need not be a long lasting problem and "working" through grief can help restore emotional health. Although the stages of grief may not occur in order, they have been described as follows:

- *Shock* -- usually the first reaction -- often experienced as numbness or physical pain and associated with withdrawal.
- *Denial* -- acting as if no loss has occurred
- *Depression* -- feeling pain, despair, emptiness -- may not be accompanied by some emotional release such as crying (if the person can cry, it helps release stress)
- *Guilt* -- self-blame for not having expressed more caring or belief the loss was his/her fault
- *Anxiety* -- panic reactions as reality sets in
- *Aggression* -- toward those who might have prevented the loss and sometimes toward the lost object (may have trouble acknowledging anger toward the object of loss, but if such anger can be expressed it can help with recovery)
- *Reintegration* -- loss is accepted (although there may be periods of relapse).

Helping Students Deal with Loss

One of the most difficult losses is the death of someone who was loved. As in all loss situations, grieving students need to experience school as a safe place to think about and express their loss. To this end, crisis counselors and other school staff need to be prepared to

(1 Recognize the loss and encourage students to talk about what about what happened and how they are feeling. ("Tell me what happened." "I'm so sorry")

(2) Tell them as a group what happened and respond emotionally. Directly relate the facts and let them know how you feel. ("It hurts to know your mother died.")

Handouts on Grief and Loss

Included here are some well-designed handouts for students and staff developed by the Genesee County Community Mental Health agency.

Lifeworks

Finding Hope Beyond Grief

You have experienced a loss whether it be a loss of a relative or a friend; or as a rape, assault, violence victim; or in moving or changing jobs. There are many situations which can lead to loss and it is important to note there are many kinds of loss. A loss of a friendship, loss of dignity, loss of independence, or a loss of trust are just a few examples.

Understanding loss is a healing process which you need to work toward. The time it takes for an emotional wound to heal varies from person to person. The healing process is best done openly and honestly. The following suggestions may help ease recovery for adults and teens.

1. **Let your friends and family help you.** Take advantage of their offers to help you. It makes them feel good, they are doing something for you.
2. **Share your feelings.** If you are feeling overwhelmed, talk it over with a trained counselor or another bereaved person. Objectivity is often helpful.
3. **Do not use alcohol and drugs.** The work of mourning does not proceed while you are numb. It resumes when sedation wears off.
4. **Work on acknowledging reality.** Tell yourself, "It happened. I have to deal with it".
5. **Anger is natural.** Try to keep it in focus.
6. **Try to replace "why" with "what"?** Stop looking for causes and begin to think about next steps. Ask, "What do I do now?" The answer may be "nothing" and that's normal. One day at a time is all you can manage.
7. **Begin your what with small questions.** "What should I wear?", for example.
8. **Pain is part of the process, accept it.** It will be bad, but pain is a by-product of the healing process — like the pain you feel when a broken bone is mending.
9. **Give yourself quiet time.** You will need time alone to let your mind run free, let it roam. Don't fight. This will help you heal.
10. **Adjust to your own time frame.** You cannot rush the grieving process. Listen to your innerself and your feelings.
11. **Remind yourself of your worth.** Take good care of yourself emotionally, physically, socially and mentally.
12. **Be ready for relapses.** You will wake up one day feeling good and think it is over. It is not. Later that day you may feel a vivid reminder. Do not despair. Healing takes time. Be patient with yourself.

For the person experiencing loss, life has changed significantly and there are many adjustments to be made. It takes time and patience to deal with a significant loss. Following the suggestions above should take away some of the pain and stress associated with these types of experiences.

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
420 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

BEST COPY AVAILABLE

Lifeworks

HELPING TO SURVIVE A LOSS

Death is never easy to deal with but it is a part of life. The loss of a loved one is one of life's most stressful events. Because of the pain associated with someone dying, it is important that you know how to confront and acknowledge the intense emotions of those times.

All people go through a process of grief when someone close dies. Grief is a natural, healthy response to a significant loss in our lives. Although the grief process is never the same in everyone, certain feelings are common. These feelings include shock, denial, anger, guilt, depression, loneliness, and hopefully, acceptance. Usually people can get through the grieving process alone, but sometimes there is a need for professional help to understand the "facts of death".

The period of bereavement is not an easy one for anybody. Family members need to be consoled and helped through the traumatic ordeal. Here are some things you can do to help the grieving process go smoother for those closest to the deceased.

1. Listen. Allow the grieving person to talk openly about the person who has died, the death, etc. if that is what they want to do. There is no right or wrong way to grieve. While some people are very talkative, others are quiet and introspective. Remember, it's more important for you to be a help than a hinderance during this time.

2. Be present. Your mere presence can sometimes be of more comfort than you realize. Giving a hug or holding hands can be a tremendous source of support. If you can't be with the grieving person, call, write or send flowers or a sympathy card. These and similar gestures will be appreciated.

3. Be patient. The grieving process takes time. Each phase must be addressed. Don't try to rush the person through it or try to protect them from their loss. As hard as it may be to watch, the pain and the waiting are necessary to their recovery from their loss.

4. Offer sincere support. Be certain you are of comfort to the grieving person. Supportive remarks would include "It takes time", "I know you'll miss your loved one and your life together, I will too" and "She was such a good person". Comments like "It was his time to go" or "You'll get over it with time" probably won't comfort the grieving person.

5. Be useful. You can take some of the pressure off of the grieving person by taking care of household chores, assisting with thank-you notes, helping with meals and answering the telephone. Someone who is experiencing the death of a loved one may not feel like attending to these tedious activities.

If you would like more information on helping someone deal with their grief, or you need help in getting through your own grief process, call (313) 257-3740. A professional counselor is there to listen and help.

For Your Well Being!

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
420 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

HELPING KIDS TO COPE WITH GRIEF

PARENT TALK

A lot of people have very wrong ideas when it comes to helping children to deal with grief. Sometimes these misconceptions can prove to be more damaging than helpful. Listed here are several myths commonly associated with grief. We have offered some alternatives to help you if you are helping a child or young person who is grieving or if you have lost a loved one.

Myth #1: Tears are a sign of weakness.

Tears are a very normal way to release the intense emotions a grieving person is feeling inside. Encouraging a child to withhold his or her feelings is encouraging potential emotional problems.

Myth #2: It is best to avoid talking about the death with or around a child who is grieving.

People who are grieving the loss of a loved one usually are grateful to those who keep memories alive, and who are not afraid to talk about the death. Depending on the age of a child, he or she may want to know more about the deceased person or details about the death.

Myth #3: Once you're over the grief process, you have stopped caring about a loved one.

Recovering from a significant loss is healthy. The love a youngster has developed for someone close who has died will last long after they have gotten over the shock of the death.

Myth #4: Children should be sheltered from grief.

Kids need to vent their feelings about the loss of a loved one just like adults. According to their age, adults need to explain the loss and the grieving process to children. This will help them to better understand the feelings they are experiencing that they are not accustomed to.

Myth #5: The grieving process is the same for everyone and you can identify each phase in order.

The grieving process is a very complicated one and differs from person to person. You will not see a grieving child changing neatly from one defined stage to another. In fact, it is common for people to drift back and forth between the stages of anger, denial and acceptance.

The loss of a loved one, whether it is a parent, grandparent, sibling or other relative, can be especially difficult for children. Death is one of life's most stressful events and is a period which needs to be handled with extreme sensitivity. If you know a young person who is grieving or you need some help getting through this tough time yourself, call (313) 257-3740. A professional counselor is always there to help.

For Your Well Being!

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
420 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

Lifeworks

GRIEF

Sharing the Burden

Grief is a healthy, natural and necessary reaction to a significant change or loss in life. Many situations can result in grief: death of a family member or friend, divorce, injury, loss of a job, or giving up a dream.

There is a great deal that you and your family can do to help those close to you cope with grief. Try to place yourself in the grieving person's situation. Decide what type of support would be most helpful.

Grief is a painful experience. The time it takes for an emotional wound to heal varies from person to person.

Many experts like to list stages of grief. There is no real order to the grieving process. It is better to think of grief as a cluster of reactions.

You can help by understanding what grieving people commonly experience

An immediate response is probably shock and numbness. Often it is difficult to believe the loss has happened.

Feelings of anger toward themselves and others for not preventing the loss are typical.

It is common for those grieving to blame themselves for something they did or didn't do prior to the loss.

Feelings of depression are often prevalent. Many times grieving people are unwilling to perform even routine tasks because of a lack of motivation.

Increased responsibility leaves the grieving person wondering where to begin or turn.

Eventually the grieving person will begin to accept the loss, remember with less pain and focus on a future filled with hope.

Helping partnerships are essential to easing and sharing the burden of grief. Immediately following a change or loss the grieving person needs to accept support from family members, friends or a minister.

Gradually family members and friends return to their lives. For the grieving person, life has been changed permanently and there are many adjustments to be made. As numbness wears off, often comforting friends and family members may no longer be close by.

Ways You Can Help Someone With Grief

- Show you care by giving the person a hug.
- Empathize. Be a good listener.
- Be patient.
- Talk about similar experiences you have had.
- Provide practical assistance with everyday chores.
- If you feel your loved one may need additional advice, counselor can listen and help with setting new goals and adjusting to the loss. Call (313) 257-3740, a counselor is always available.

Recovery takes time. People often need the most help after the initial shock of a loss. Continue to provide support for as long as it's needed.

For Your Well-Being!

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
420 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

BEST COPY AVAILABLE

PARENT TALK

Families Facing Loss

Imagine that your family has just experienced a loss of some kind. Will you know how to handle the intense emotions that accompany a crisis? Different family members may have different reactions to a loss. These responses may range from anger and denial to shock and depression. It is natural to have many reactions to a loss.

Losing someone or something close is different for a youngster than for an adult. A crisis to a young person might seem trivial to a parent or older sibling. Moving to a new neighborhood, changing schools, losing close friends, losing a pet or a favorite teacher or the loss of a meaningful object are examples of traumatic events in a young person's eyes. Because they view crises differently, children may react in ways that adults may not understand.

In response to a crisis, your 3-10 year old child may:

1) become more active and restless or easily upset;
2) become quiet or withdrawn - not wanting to talk about their experience;
3) be afraid of loud noises, rain, thunderstorms, etc.;
4) be angry and act out by hitting, screaming and throwing;
5) feel guilt that he may have caused the loss because of a previous wish or past behavior;
6) worry about what will happen to them;
7) be afraid to be left alone or to sleep alone;
8) revert to infant behaviors - thumb sucking, bed wetting, wanting a bottle, wanting to be held;
9) experience symptoms of illness - nausea, headache or fever.

Children can experience the same heightened emotions as you do following a significant loss or change. If the loss occurred suddenly, emotions tend to be intensified because the child was not prepared for it. This is a time for increased sensitivity to your child's feelings. You may want to leave a night light on for your child, rock him or her to sleep and be a little lenient with household rules.

Most reactions to a crisis or loss are normal and need to be handled with sensitivity and tolerance. No matter what the crisis or loss is, it is hard for children to understand what has happened. Some youngsters, depending on their age, will need your continued guidance and understanding to help them through the experience. How you help your child may have a lasting effect.

If your child has experienced a loss at home, be sure to share that information with your child's school teacher. No matter what the situation is, it is always helpful to have someone to talk problems out with. You may need to seek professional assistance. Call (313) 257-3740 to talk to a trained counselor who will listen to your concerns.

BEST COPY AVAILABLE

For Your Well Being!

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
420 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

PARENT TALK

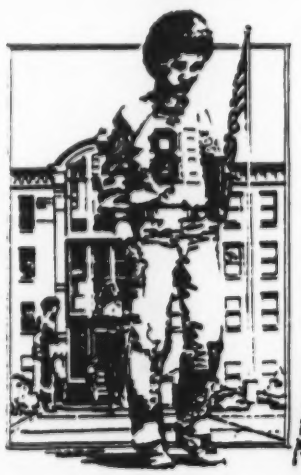
Helping Children Recover From Loss

Sometimes during a family crisis, children may get lost in the shuffle and confusion. Unfortunately, they are left to deal with a significant loss alone which can be damaging to the child. Adults and children need help coping with a loss whether it's a death, a move to a new neighborhood or school, divorce, etc., but children are especially vulnerable to the effects of such a loss. A child may have experienced a loss at school like a friend who has moved away or a favorite teacher who has been replaced.

While most parents would like to shield their child from the details of a crisis of any kind, it is much better to be open and honest with him or her. It is important that the loss is explained in terms the child can understand.

You can help your child through a crisis by:

1) **Talking with him or her.** Give correct and simple information. Allow him or her to tell their stories of what has happened.
2) **Listening** with a neutral perspective to what he or she is saying and how he or she says it. This helps you and your child clarify feelings. You may say, "How does (the loss) make you feel?" to elicit feedback from your child.
3) **Reassuring him or her.** Help him or her feel safe and secure. You may need to repeat this reassurance many times: "We are together and we will take care of you."
4) **Providing physical comfort.** Touching, hugging and contact is important during this time.
5) **Observing your child at play.** Listen to what is said and how the child plays. Frequently, children express feelings of fear or anger while playing with toys or friends.
6) **Providing play which relieves tension.** Allow the child to play with playdough, paint, pillows, balloons or balls.
7) **Allowing your child to grieve and mourn.** Giving a child the opportunity to express feelings is important to good emotional growth. Telling a child to "grow up" or "be a big boy/girl" can be detrimental to a child's emotional recovery.



You can help your child the most through a crisis situation by including him or her in the grief and recovery process. Children are very perceptive and may feel that they are being left out because the crisis was their fault. If you sense your child feels guilty or responsible for the loss, you may need to relieve them of their burden. You may have to say, 'Maybe what you said or did wasn't nice, but you are not responsible for this.' A loss is more difficult to deal with when there is regret or guilt.

This is a time for increased sensitivity to your child's feelings. You may want to leave a night light on for your child or rock him or her to sleep. It may also help to be a little lenient with household rules.

If your family has recently experienced a crisis or a significant loss and you need help dealing with your feelings and those of your children, call (313) 257-3740. A professional counselor is there to help in any way possible.

For Your Well Being!
GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION & INFORMATION SERVICES
430 W. Fifth Avenue • Flint, Michigan • (313) 257-3707

BEST COPY AVAILABLE

HOSTAGE SITUATIONS

Fortunately, hostage situations are rare. Nevertheless, crisis response plans need to specific what to do until the police arrive and what to do to assist the police.

Immediate Response

(1) Call 911.

(2) Activate crisis response -- being very careful not to sound alarms that might cause others to move into dangerous areas. The first priority is safety and care of students and staff.

(3) Seal off the area.

(4) Avoid confronting or in any way further agitating the hostage taker.

(5) In talking with the hostage taker:

- keep your voice calm and try to keep the conversation from being in any way threatening;
- express concern ("I'm concerned about you and those with you." "What is it you would like us to do?");
- refer to captives only in people terms (children, boys, girls, women, men). This may help the hostage taker to keep thinking of them as human beings -- not objects);
- acknowledge and restate the captor's requests;
- avoid making promises or commitments (but if pushed to respond, do so agreeably and diplomatically).

Above all else try to buy time and keep the situation from getting worse while waiting for the hostage negotiators to arrive.

(6) Evacuate the area/school only if absolutely safe and secure routes are available. If evacuation is not feasible, direct everyone to stay put, stay down, and stay out of sight.

To Assist the Police

If there are witnesses, the police will appreciate having them readily accessible. Such individuals can help clarify the current situation and what happened. (In this regard, they will need to be sequestered in a safe place, with a supervision who can both provide emotional support and can keep them from talking with each other in ways that will lead to distorted recall.) If the hostage taker is known to the school, the police will also want to talk to anyone who knows the person and may want any school records on the individual and on the hostages.

The police also will want maps and the person who knows the most about the physical school plant so that they can clarify the location of doors, windows, hallways, closets, roof access, basements, control panels, fire extinguishers, communication links, and so forth.

Finally, the police will problem want to handle the media but may want someone from the school to be available.

POST-TRAUMATIC STRESS DISORDER

There is increasing concern that post-traumatic stress is not just an adult problem.

School-age children who experience trauma directly or indirectly may

- *re-experience the trauma* (intrusive imagery or sound or a full re-experiencing of a violent incident).
- *experience a numbing of responsiveness* physically and emotionally (becoming less involved and interested in activities and people -- even close friends and parents).
- report and manifest *a variety of symptoms* (grief reactions, avoidance of things that remind them of the event, poor school performance, jumpiness and nervousness, sleep disturbances, separation anxiety related to a person about whom they are worried).

Pynoos and Nader (1988)* discuss psychological first aid and treatment for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). Their work helps all of us think about some general points about responding to a student who is emotionally upset.

Psychological first aid and treatment for students/ staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

*Pynoos & Nader (1988), Psychological first aid and treatment approach to children exposed to community violence. *Journal of Traumatic Stress, 1*, 445-473.

INFORMATION ON RESOURCES*

All crisis response plans should include material on resources that can be used for (1) training purposes, (2) preventing and minimizing crises and their impact, and (3) responding during and after a crisis. Such resources include

- local agencies and professionals with relevant expertise and services
- other individuals who might supplement efforts to prevent or minimize
- video and film resources for training and as a stimulus for student discussions
- reading materials for training, student discussions, and "bibliotherapy"

The following organizations are resources for information and in some cases materials.

U.S. Dept. of Education: Safe and Drug-free School Office
555 New Jersey Ave., NW, Rm. 214b
Washington, DC 20208-5725
1 (202) 219-1547
FAX 1 (202) 219-1817

National School Safety Center
4165 Thousand Oaks Blvd., Suite 290
Westlake Village, CA 91362
1 (805) 373-9277
FAX 1 (805) 373-9277

National Alliance for Safe Schools
9344 Lanham-Severn Rd, Suite 102
Lanham, MD 20706
1 (301) 306-0200
FAX 1 (301) 306-0711

Prevention Intervention Program in Trauma, Violence and Sudden Bereavement in Childhood
UCLA Department of Psychiatry and Biobehavioral Sciences
750 Westwood Plaza
Los Angeles, CA 90024
1 (213) 206-8973
Robert S. Pynoos, MD, Director

National Crime Prevention Council
1700 K Street NW
Washington, DC 20006
1 (202) 466-6272
FAX 1 (202) 296-1356
email: shields@mail.ncpc.org

Office of Juvenile Justice & Delinquency Prevention
U.S. Dept. of Justice
633 Indiana Ave., NW
Washington, DC 20531
1 (202) 307-5911
FAX 1 (202) 514-6382
Webpage: http://
ncjrs.aspensys.com:81/1/new2/aboutojj.html

Department of Health and Human Services
Public Health Service
Centers for Disease Control
Atlanta, GA 30333

The National Committee on Youth Suicide Prevention
666 Fifth Avenue, 13th Floor
New York, NY 10103
1-212-247-6910

Youth Suicide National Center
1825 Eye Street, NW, Suite 400
Washington, D.C. 20006
1-202-429-2016

American Association of Suicidology
2459 South Ash Street
Denver, CO 80222
1-303-692-0985

The Center for Suicide Research and Prevention
Rush-Presbyterian-St. Luke's Medical Center
1720 West Polk St.
Chicago, IL 60612
1-312-942-7208
David C. Clark, Executive Director

*Additional resources are listed in the Center's Introductory Packet on *Violence Prevention and Safe Schools*

BEST COPY AVAILABLE

We hope you found this to be a useful resource. There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

CLEARINGHOUSE CATEGORIES

Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards
- Other System Topics: _____

Programs and Process Concerns:

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics
- Other program and process concerns: _____

Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Learning Problems
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gangs
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Gender and sexuality
- Reactions to chronic illness
- School Adjustment (including newcomer acculturation)
- Other Psychosocial problems: _____